



AHEC REVIEW

NORTH CAROLINA AREA HEALTH EDUCATION CENTERS

SUMMER 2008

Health Professions Diversity Discussed at Statewide Conference in Greensboro

On March 31 and April 1, 2008, more than 160 participants joined together at the North Carolina Conference for Health Professions Diversity in Greensboro. Following a welcome and greetings from Donald Reaves, PhD, chancellor of co-host Winston-Salem State University and Harold Martin, PhD, senior vice president of academic affairs, UNC General Administration, remarks were made from Governor Michael Easley's office.

The keynote address titled "The Sullivan Alliance – A National Strategy to Diversify the Health Professions" was given by Louis W. Sullivan, MD, MPH, chair of The Sullivan Alliance on Diversity in Healthcare Workforce, founding president of Morehouse School of Medicine, and former Secretary of U.S. Department of Health and Human Services. Throughout the conference, Sullivan took part in each session and is helping to forward the discussion that took place during the two days.

Jennifer King, director of the Health Professions Data System, Sheps Center for Health Services Research, and Patrena Benton, MS, director of the NC Health Careers Access Program, gave a report on the current status of health professions diversity in the state.

Following remarks by Senator Robert Burr, the report card on NC health disparities was presented by Barbara Pullen-Smith, MPH, director of the Office of Minority Health and Health Disparities, NC Department of Health and Human Services.

A luncheon talk by Garth Graham, MD, MPH, U.S. DHHS Deputy Assistant Secretary for Minority Health, was followed by a moderated discussion of "Addressing Diversity Needs in NC: An Organizational Perspective Panel." Afternoon sessions on the "NC Health Careers Pipeline: Best Practices" and "Strategies for Garnering Federal and State Support" filled out the first day.

The second day's greetings were given by Pedro Martinez, PhD, provost of Winston-Salem State University and NC Representative Earline Parmon (District 72).

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Director's Message

In July, several of us attended the National AHEC Conference in Denver, Colorado. I was reminded once again how important these conferences are to learn from our colleagues across the country, be exposed to new and innovative ideas in workforce development, and to share with them the work we are doing across North Carolina.

The number and quality of the presentations from North Carolina were truly impressive, with 15 breakout sessions and five poster sessions done by AHEC staff or staff from our partner institutions. The most impressive thing, though, was the quality and timeliness of the presentations. Much of the work that was presented is on the cutting edge nationally in a host of areas, and interestingly, is either statewide in nature or involves multiple AHECs.

There was a great deal of interest at the conference in the work we are doing in programming for mental health professionals. The session on our training health professionals to better serve the needs of returning veterans was presented to a capacity audience and allowed us to

connect with colleagues in other states who are working in this field.

Several sessions highlighted our work in management training, program evaluation, and better systems for documenting the impact of our programs. The work ongoing in developing the MyAHEC web portal, our quality improvement initiatives, and our programming to address diversity issues all generated enthusiastic responses from the attendees at the conference.

I was particularly pleased that the Evidence-Based Practices Center at Southern Regional AHEC was recognized with the award for the Outstanding Continuing Education Program this year. John Bigger and La-Lisa Hewett-Robinson accepted the award on behalf of all of their colleagues involved in this statewide initiative.

The sessions presented at the National Conference by North Carolina AHEC staff, faculty and partners represent only a cross-section of the remarkable work ongoing throughout our system to better prepare a health care workforce to serve the communities of this state. It is very rewarding, however, when this work is



La-Lisa Hewett-Robinson, MA, director of mental health continuing education, and John Bigger, MS, administrator of mental health continuing education at Southern Regional AHEC in Fayetteville, accept the NAO's Outstanding Continuing Education Program award for the Evidence-Based Practices Center.

recognized by our peers as contributing to efforts nationally to address high priority health care needs. Congratulations and thanks to all who participated in the Denver conference.

*Thomas J. Bacon, DrPH
Director, NC AHEC Program*

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Terry Farless, MyAHEC project manager, presents the development of the MyAHEC web portal at the NAO conference in Denver, Colorado.

Gov. Easley Announces Groundbreaking Health Care Initiative

Governor Mike Easley announced a plan to fundamentally restructure the delivery of health care in North Carolina by standardizing the level of care and insurance coverage for the five most chronic conditions (diabetes, asthma, hypertension, congestive heart failure, and heart attack). This unique plan will do more than any other in the nation to improve citizens' health, help doctors deliver the quality care they strive for and save hundreds of millions of dollars in medical costs.

"This is going to be a revolutionary approach to the delivery of health care in North Carolina," Easley said. "We have worked with the top medical experts across the state, health insurers and physicians to design a health care delivery system that fits the 21st century needs but also takes advantage of 21st century technology."

For more than a year, the state's major health insurance providers, physicians and hospitals have been meeting under Easley's leadership to design a single set of best practice guidelines to more effectively treat five of the most widespread and costly chronic medical conditions. Chronic diseases account for 80 percent of health care spending.

Best-practice guidelines for care will be implemented of each of these diseases. These guidelines have been developed by experts in the state and the nation and agreed on by the state's medical care providers and insurance companies. The guidelines will be the same, no matter the health coverage for the patient, to ensure consistently high quality of care for all North Carolinians.

North Carolina's Community Care networks of physicians and the AHECs' physician training centers will be mobilized to provide the latest and most effective systems to doctors across the state, to assist them in delivering best practice care. Every primary care physician in the state will be invited to participate in this program.

Medical professionals will receive tools for patient support, so patients can play a larger role in maintaining and improving their own health. Doctors will also receive specialized computer software that tracks individual patients, their conditions, medications, appointments and various test results.

The plan will develop and expand the availability of care coordinators, individuals trained in the treatment of chronic diseases who will follow patients' progress, including help in taking appropriate medications, scheduling follow-up appointments, understanding the effect of diet and exercise and generally be available to answer patients' questions.

Finally, a program has been developed to monitor results, so that the goal of improved health and reduced cost can be achieved throughout the state.

"By putting modern systems in place, doctors will be better able to treat chronic diseases," Easley said. "With more effective treatment, many patients will be able to avoid more serious and expensive medical problems."

Medical experts praise the program. "This program has the potential to transform the delivery of health care in North Carolina," said Chuck Willson, past president of the NC Medical Society. "This is the first time in America that doctors, insurance companies, hospitals, and others have come together to implement a system to truly improve medical care."

"Once again, North Carolina is a national leader," said Bill Roper, a physician and CEO of the UNC Health Care System. "In 2007, our Community Care system was honored as the finest health care innovation in America. This program takes us even farther down the road toward the best health care possible."

"Having an evidence-based standard of care will mean every patient in North Carolina has the same opportunity for quality health care," said Bob Greczyn, president of Blue Cross Blue Shield. "It also is important for citizens to take a more active role in their own health care, through increased physical activity that will lead to greater productivity at work and healthier lives."

All of North Carolina's major health insurance companies, led by Blue Cross Blue Shield of North Carolina and the State Employees Health Plan, have agreed to support the program. As a result, patients across the state, regardless of who pays their doctors' bills, can receive the same best practice care. Also joining the governor in this initiative are: the NC Medical Society representing physicians across the state; the NC Hospital Association representing hospitals; the NC AHEC Program; Community Care of NC; the NC Health and Wellness Trust Fund; the NC Foundation for Advanced Health Programs; the Institute for Emerging Issues; the National Governors Association; the Center for Health Care Strategies; and the NC Institute of Medicine.

National studies have found that most patients receive half the health care services recommended for their conditions. By getting every doctor, no matter where they are, to make sure every patient receives the health care services they need, they can help patients stay more informed, know what they must do to stay healthy and avoid millions in health care costs as well as reduce lost workdays that cut productivity.

An Important AHEC Role

One of the unique features of the quality initiative is the support that will be available to participating practices from their regional AHECs in order to assist them in improving the quality of care delivered to patients. Each AHEC is employing one or more Quality Improvement Consultants (QICs) to assist practices in developing disease registries, implementing evidence-based systems for managing chronic illness, and including practices in quality collaboratives. AHECs will also offer up to 20 hours of CME for participating physicians for their involvement in the quality initiative, provide other continuing education to staff on quality issues, and provide access to the AHEC Digital Library. Eventually, practice support will include a Web-based tool that practices can use to implement rapid-cycle improvement by remotely submitting and tracking quality data over time. Through its partnership with physicians, hospitals, insurers, state government, and other organizations committed to improving health care quality in North Carolina, the AHEC Program has a unique opportunity to contribute to improved health outcomes, lower costs, and healthier lives for all North Carolinians.

UNC Board of Governors Endorses Plan to Expand Medical Education in North Carolina

In an effort to address an expected shortage of doctors in North Carolina, the University of North Carolina Board of Governors endorsed a plan on March 7, 2008 to expand medical education at the state's public medical schools.

The plan is based on a collaborative effort between the UNC-Chapel Hill School of Medicine and the Brody School of Medicine at East Carolina University. In addition, UNC-Chapel Hill will develop facilities in Charlotte and Asheville to accommodate students in the last two years of their medical education. UNC-Chapel Hill's expansion in Charlotte will involve a partnership with Carolinas Medical Center (CMC), as well as collaboration with UNC-Charlotte in expanding research and related initiatives. The expansion in Asheville will involve Mission Hospital, the Mountain AHEC, and the Western North Carolina Health Network. ECU's Brody School of Medicine will work with AHEC to expand opportunities for its students to spend much of their third and fourth years in clinical placement in underserved areas.

This is a complex plan that will require more planning activities as each component is developed. The Board of Governors also will consider future requests for funding from the General Assembly. The cumulative cost of the plan is expected to be in the vicinity of \$450 million, the bulk of which would provide new and/or renovated facilities, and would be phased in over the next 10 years.

"This is a milestone for our medical schools, as well as the people of North Carolina," said UNC President Erskine Bowles. "We have recognized for some time the threat of a physician shortage in our state. This coordinated plan for expansion positions us to better fulfill our mission to serve the medical needs of North Carolinians."

The Joint Plan for Medical Education in North Carolina is as follows: UNC-Chapel Hill will

expand its medical school enrollment from 160 to 230 first-year students on a phased basis, starting in 2009. Brody will expand its first-year medical school enrollment from the current 73 to 120 students in a phased process. The timeline for increasing enrollment will be determined by the fall of 2008; UNC-Chapel Hill's additional 70 students will complete their third- and fourth-year rotations at either the CMC Charlotte campus (50) or Asheville campus (20), starting their regional placements in 2011. Brody's additional students will complete their third- and fourth-year clinical education at satellite training centers located in eastern NC. Those sites will be identified by early 2009.

A task force comprised of representatives from both public and private academic medical centers in the state, AHEC, and the Sheps Center at UNC-Chapel Hill is currently working to develop a plan to expand the numbers of residency positions in the state as well. The increase number of residency positions available will allow the larger number of graduates of the two public medical schools greater opportunities to remain in North Carolina for their specialty training. Research is clear that the location of a physician's residency is the best predictor of where he/she will ultimately practice.

For both medical school expansion and residency expansion, AHEC will play a vital role in the community-based components of this increase in medical education capacity statewide. Students from both campuses will have opportunities for required and elective experiences at AHEC sites throughout the state. In addition, AHEC residencies will have an opportunity to grow in order to accommodate the larger number of graduates coming out of the two medical schools and seeking NC residencies. Over the past 30 years, nearly 65 percent of AHEC residency graduates have remained in North Carolina to practice.

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Sixth Annual Diversity Conference Held in Charlotte

On May 6, 2008, the sixth annual diversity conference co-sponsored by Carolinas HealthCare System (CHS) and Charlotte AHEC was held in Charlotte. Titled *The Competitive Edge: Excellence in Healthcare for a Diverse Community*, it was attended by nearly 500 physicians, administrators, clinical staff and health care providers. The conference was designed to help all of the attendees learn more about the impact and importance of diversity in health care in order to become more culturally competent.

The idea for the conference grew out of a diversity advisory committee formed several years ago and consisting of CHS physicians and administrators whose initial goal was to increase their own internal diversity. After inviting Isis Hanna, MA, who directs continuing medical education, diversity and public health at Charlotte AHEC, to speak at a meeting, the committee decided to expand the scope through the creation of a diversity conference.



Rupert M. Evans, Sr., MPA, DHA, FACHE

Charlotte AHEC, which is a part of CHS, handles brochure production, marketing, volunteers, and registration for the conference. Hanna has held the instrumental roles of program planning and speaker selection since the beginning.

The morning plenary speaker, Rupert M. Evans, Sr., MPA, DHA, FACHE, kicked off the day with his vision of

managing diversity as a strategic imperative for health care institutions. He spoke about the current diversity landscape in health care and how organizations must proactively seek ways to increase diversity from the boardroom on down in order to transform the organization's culture. He stated that anecdotal evidence suggests that many boards look nothing like the patient population they serve, creating a problem for succession planning. He also described the business case for diversity and inclusion. "Patients today are consumers of health care. Be a provider of choice – be someone who looks like them and speaks their language, or bring in someone who does."

Several of the breakout sessions involved themes of storytelling and interactive drama. One was Diversity Dramatists, whose troupe role-played a variety of health care scenarios in order to stimulate discussion between audience members and the actors about cultural assumptions and miscommunications. Another was Reader's Theater, developed at ECU, in which four Charlotte

AHEC staff members each read a specific character's part in a script, thereby encouraging thought-provoking audience reaction and discussion.

Breakout sessions on U.S. immigration law, the cooperative process and conflict resolution, creating systemic changes to address health disparities, and personal diversity management rounded out the day.



Sheryl Lee Ralph, actress, HIV/AIDS activist

A highlight of the conference was the lunchtime keynote speaker, Sheryl Lee Ralph, original Dreamgirl, actress and HIV/AIDS activist, who presented her dynamic one-woman show of culturally diverse stories, "Sometimes I Cry - the Loves, Lives, and Losses of Women Infected and Affected by HIV/AIDS." She spoke about her personal experience with losing many friends to AIDS during her years on Broadway in the 1980s and

"I am committed to be a bridge that connects the cultural and language gap between health care professionals and patients from different cultures. My goal is to help those who struggle to accept other cultures and are unable to understand. This conference is one way to reach that goal."

**- Isis Hanna, MA
Conference planner,
Charlotte AHEC**

the progression of the affected population since that time to include more women, children and older people. Using her vocal and theatrical talent to poignantly portray stories adapted from real life, she delivered a strong message about the importance of knowing one's HIV/AIDS status, practicing

safe sex, and parents talking to their children about these issues.

The final plenary speaker, who closed out the conference, was master diversity and communications trainer Lee Mun Wah. His workshop focused on developing healthy and authentic cross-cultural relationships.

News Briefs

Mary N. Hall, MD, Becomes New Charlotte AHEC Director

On January 1, 2008, James McDeavitt, MD, senior vice president for education and research at Carolinas HealthCare System, announced the appointment of Mary N. Hall, MD, as the new director for Charlotte AHEC and regional education.

Hall is a graduate of the Cornell University Medical College, and completed her Family Medicine graduate training at MUSC. She joined the Department of Family Medicine in 1987, and since that time has ably



Mary N. Hall, MD

served in a variety of leadership positions.

Hall has distinguished herself as chair of the Department of Family Medicine at Carolinas Medical Center since 2003, a position she will retain along with her new role as AHEC Director.

Former Charlotte AHEC director Harry A. Gallis, MD, Carolinas HealthCare System vice president for regional education, retired in March of 2008. Gallis, an AOA graduate of the Duke University School of Medicine, stayed at Duke

to complete his residency in internal medicine, fellowship in infections diseases,

and remained on the Duke faculty for several years. He came to Carolinas HealthCare System in 1994, and since that time has established a national reputation for leadership in continuing medical education. He is a past president for the Alliance for Continuing Medical Education and most recently assisted Charlotte AHEC in acquisition of the maximum 6-year ACCME accreditation with commendation. Gallis has been a leader in developing practice-based CME. Gallis is also an avid orchid enthusiast, a past trustee of the American Orchid Society, and named an orchid after Susie, his wife of 41 years.

Gallis agreed to be available to assist Hall during the transition in a consultative role.



Sally Hearne (third from left) with daughters Loraine Timmons, Etta Blankenship, and AHEC Digital Librarian Jill Mayer.

AHEC Colleagues and Friends Celebrate Sally Hearne's retirement

After 16 years of service as Administrative assistant at the North Carolina AHEC Program Office, Sally Hearne was honored at a reception on May 21, 2008, at the William and Ida Friday Center at UNC-Chapel Hill.

David Webb, EdD, president and director of Area L AHEC in Rocky Mount, spoke on behalf of the AHEC directors and Gail Mazzocco, EdD, MSN, statewide AHEC nursing liaison, made comments on behalf of the AHEC Health Sciences Liaisons. Thomas J. Bacon, DrPH, NC AHEC director, spoke of Hearne's great skill in helping to manage multiple projects including the Medical Education Advisory Committee, AHEC Health Sciences Liaisons, and Medical Air Operations.

Hearne plans on enjoying her retirement with her family in Pittsboro.

NACT/Wyeth Travelling Fellow visits North Carolina

Since 1976, NC AHEC has hosted fellows selected by the UK's National Association of Clinical Tutors (NACT). Penelope Gordon, MD, NACT/Wyeth 2008 Fellow, visited North Carolina from April 24 to May 16, 2008. Gordon is a consultant radiologist, associate director of medical education, and director of breast screening at the Portsmouth Hospitals NHS Trust in England. As part of a multi-professional team in Portsmouth, she was interested in observing and learning about medical teams and the medical education process in North Carolina.

"There are some very cohesive groups of residents in North Carolina and some very interesting and dynamic teaching going on," said Gordon, observing that residents seemed very well supported and positive-minded. She noted that this environment, in tandem with extremely good leadership, makes for a better learning experience. "In a teaching session, I was impressed that

most junior residents entered the discussion with faculty. There was an easy open environment which facilitated exchange of ideas and views.

"Of course, a major difference in medical education between the U.S. and the UK is in the issue of working hours," explained Gordon. "Residents in the UK average around 48 hours per week in contrast to 80 hours per week in the U.S. Plus we have totally different systems of health care – how does one even start to describe the differences? Medicine in the U.S. is considered very cutting edge, however access to health care in the UK is greater. We have more uniform health care, however there is a bit more waiting."



Penelope Gordon, MD

Reflecting on her visit, she said that there was much to be learned from an exchange of ideas. "I would like to see additional teaching faculty dedicated more solely to teaching in the UK, and a way for our residents to have more opportunity to learn from each other. However, this goes back to the working hours issue and the time that is available to our residents."

After travelling to seven of the nine AHECs in the state, in addition to visits to the UNC Hospitals and School of Medicine, Gordon was overwhelmed with her experience, noting that "everyone I met in North Carolina was just fantastically hospitable and warm."

Debnam Named Executive Director of the Council for Allied Health in NC

The Council for Allied Health in North Carolina is pleased to announce the appointment of Alisa Evans Debnam as its new executive director. Debnam began work with the CAHNC on July 1, 2008, following the retirement of the council's former director, David E. Yoder, PhD.

Debnam most recently served as the dean of health programs at Fayetteville Technical Community College, where she was responsible for managing sixteen programs. During her tenure at Fayetteville Tech, she worked with faculty to encourage and develop the integration of technology and distance education into the learning process. She was also responsible for the identification and utilization of grants and external funding sources for academic programs and personnel.

Debnam served as a member and president of the Board of Trustees of Cape Fear Valley Health Systems from

1997 to 2003, during which time the hospital experienced a major transition from a public hospital to a private, not-for-profit health system. Debnam has worked with the Robeson and Cumberland County Schools in the coordination and management of the comprehensive school health program and health curriculum. She has served as a health author/consultant for McMillan/McGraw-Hill Publishers, New York City and has recently completed a second health textbook project.

In her community, Debnam is known as a visionary leader and consensus builder and her effective leadership reflects her thoughtful, joyful approach to life. She was a 1999-2001 fellow in the prestigious William C. Friday Fellowship for Human Relations, Wildacres Leadership Initiative.

Debnam's top priorities include continuing to build stronger partnerships with health associations, institutions and

agencies. Additionally, Debnam will work toward securing stable financial resources to support the council's vision, mission and goals. "I value the CAHNC's long term commitment and high quality work and am thrilled and honored to have been selected as the CAHNC's executive director and pleased to have the opportunity to work with the executive committee, staff, and stakeholders across the state in achieving the Council's goals," said Debnam.

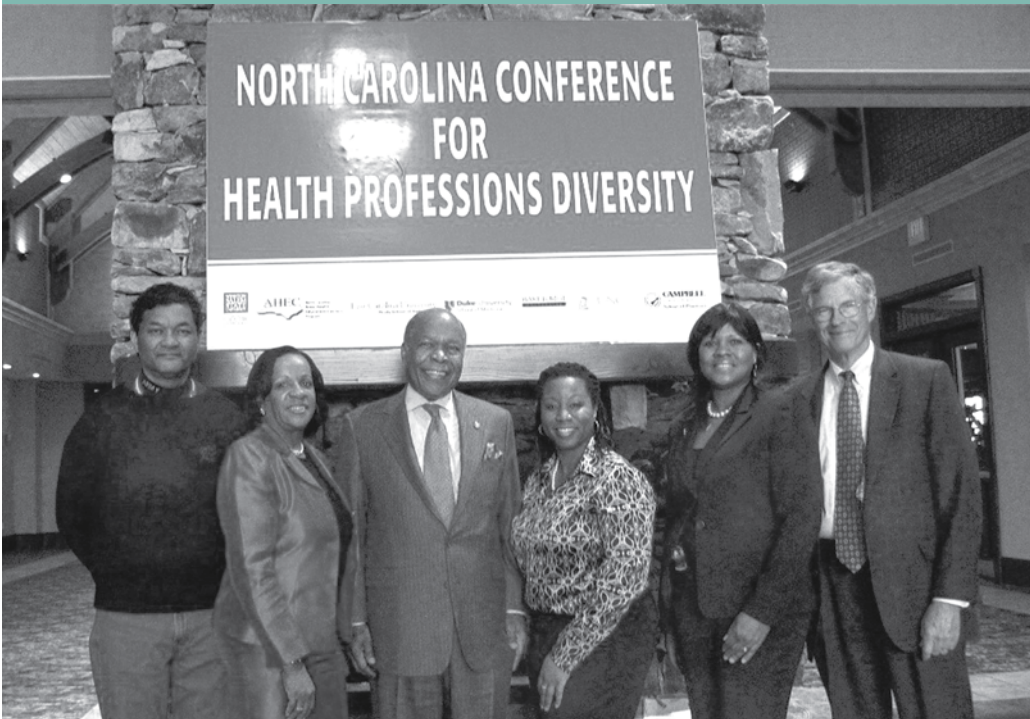
The CAHNC represents more than 20,000 allied health professionals from 29 professions. It was established in 1991 by allied health practitioners, educators and employers who were concerned about chronic allied health workforce shortages and wanted to provide a forum as a platform for discussion and collaboration on the critical health care issues and needs of our state.

Diversity Conference

(continued from cover)

Karen McNeil-Miller, EdD, president of the Kate B. Reynolds Charitable Trust, presented answers to the question “Why Health Careers Diversity?” After a panel discussion of health professions collaboration models, conference participants separated into workgroups for the remainder of the morning, then presented their findings and next steps in the afternoon. Proceedings and action steps will be published soon in the Journal of Best Practices in Health Professions Diversity.

The conference was organized by Winston-Salem State University and the NC AHEC Program and sponsored by the Campbell University School of Pharmacy, Duke University School of Medicine, East Carolina’s Brody School of Medicine, UNC School of Medicine, and the Wake Forest School of Medicine/The Bowman Gray Campus.



John L. Johnson, PhD, Peggy Valentine, EdD, Louis W. Sullivan, MD, MPH, Stephanie Crayton, Jacqueline Rollins Wynn, MPH, and Thomas J. Bacon, DrPH, at the NC Conference for Health Professions Diversity.

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